

FORM

U.S. ENVIRONMENTAL PROTECTION AGENCY  
GENERAL INFORMATION  
*Consolidated Permit Program*  
(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

FAZD088301217

GENERAL

II. EPA I.D. NUMBER

III. FACILITY NAME

IV. FACILITY  
V. MAILING ADDRESSVI. FACILITY  
LOCATION

PLEASE PLACE LABEL IN THIS SPACE

19 NOV 1980

## II. POLLUTANT CHARACTERISTICS

**INSTRUCTIONS:** Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS			SPECIFIC QUESTIONS			
	MARK <b>X</b> YES NO	FORM ATTACHED		MARK <b>X</b> YES NO	FORM ATTACHED	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)	<input checked="" type="checkbox"/>	18	B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)	<input checked="" type="checkbox"/>	19	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	<input checked="" type="checkbox"/>	20	D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)	<input checked="" type="checkbox"/>	21	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	<input checked="" type="checkbox"/>	22	F. Do you or will you inject at this facility industrial or municipal effluent below the lowest stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	<input checked="" type="checkbox"/>	23	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)	<input checked="" type="checkbox"/>	24	H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	<input checked="" type="checkbox"/>	25	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may effect or be located in an attainment area? (FORM 5)	<input checked="" type="checkbox"/>	26	J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may effect or be located in an attainment area? (FORM 5)	<input checked="" type="checkbox"/>	27	
II. NAME OF FACILITY	UNION MANUFACTURING INC					
1. SKIP						
2. 16 - 20						
3. 21 - 25						
4. 26 - 30						
5. 31 - 35						
6. 36 - 40						
7. 41 - 45						
8. 46 - 50						
9. 51 - 55						
10. 56 - 60						
11. 61 - 65						
12. 66 - 70						
13. 71 - 75						
14. 76 - 80						
15. 81 - 85						
16. 86 - 90						
17. 91 - 95						
18. 96 - 100						

## IV. FACILITY CONTACT

A. NAME &amp; TITLE (last, first, &amp; title)

B. PHONE (area code &amp; no.)

C. PRATT SEELY F PURCHASING	602 961 1022
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## V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

C. 6625 WALLISON RD PO BOX 760

45	46	47	48
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B. CITY OR TOWN

E. CHANDLER

C. STATE

D. ZIP CODE

AZ 85224

## VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

C. 6625 WALLISON RD PO BOX 760

49	50	51	52
----	----	----	----

B. COUNTY NAME

F. MARICOPA

D. STATE

E. ZIP CODE

53	54	55	56
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G. CITY OR TOWN

H. CHANDLER

I. STATE

J. ZIP CODE

57	58	59	60
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SIC CODES (4-digit, in order of priority)																
A. FIRST						B. SECOND										
3 4 9 8		(specify) MISC. FABRICATED METAL PRODUCTS				7		(specify) SHEET METAL TOOL BOXES								
C. THIRD						D. FOURTH										
1 2		(specify)				E 7		(specify)								
F. OPERATOR INFORMATION																
A. NAME UNION MANUFACTURING, INC.																
B. Is the name listed in Item VIII-A also the owner? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																
FEDERAL		M = PUBLIC (other than federal or state)		P		(specify)				D. PHONE (area code & no.)						
STATE		O = OTHER (specify)		SD						A	6	02	96	1	10	22
PRIVATE										15	16	24	29	31	22	33
E. STREET OR P.O. BOX																
6 5 2 3 W A L L I S O N R D P O B O X 7 6 0																
F. CITY OR TOWN						G. STATE		H. ZIP CODE		I. INDIAN LAND						
CHANDLER						AZ		85 2 2 4		Is the facility located on Indian lands? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						
J. EXISTING ENVIRONMENTAL PERMITS																
A. NPDES (Discharges to Surface Water)						D. PSD (Air Emissions from Proposed Sources)										
N		None		9 P		none		60		41	42	27	51	52		
17		18		30		15 16 17 18		30								
B. UIC (Underground Injection of Fluids)						E. OTHER (specify)										
U		None		9		none		6		7	1	1	1	(specify)		
17		18		30		13 16 17 18		30								
C. RCRA (Hazardous Wastes)						E. OTHER (specify)										
R		None		S		none		6		16	15	17	18	(specify)		
17		18		30		14 15 16 17 18		30								
MAP																

attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show a outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

**NATURE OF BUSINESS (provide a brief description)**

MUFACTURER OF METAL TOOL BOXES, INCLUDING PAINTING.

**I. CERTIFICATION (see Instructions)**

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

NAME      OFFICIAL TITLE (type or print)

EDWARD M. NASH  
PRESIDENT

B. SIGNATURE

C. DATE SIGNED

: 1/17/80

**MENTS FOR OFFICIAL USE ONLY**

#### OUR COMMERCIAL INVESTMENTS

THE JOURNAL OF CLIMATE

APPROVED *[Signature]*

This information is subject to Section 1015(a)(2)(C)(ii).

For more information about the software and its features, visit the official website at [www.robustsoft.com](http://www.robustsoft.com).

3. EPA LEAD-1

A Z D O B 3 3 D 1 2 1 3 .

## II. FIRST OR REVISED APPLICATION

Please an "X" in the appropriate box in A or B below (*mark one box only*) to indicate whether this is the first application you are submitting for your facility or revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item 1 above.

**A FIRST APPLICATION** (Please put "X" below and provide the appropriate data)

**1. EXISTING FACILITY** (See instructions for definition of "existing" facility.  
Complete item below.)

2. NEW FACILITY (Complete item below)

#### **FOR NEW FACULTIES**

**FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day)  
OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED  
(use the boxes to the left)**

PROVIDE THE DATE  
(M, MO, J, JULY, etc.)  
WHEN THIS OPERATION  
BEGAN OR IS  
EXPECTED TO BEGIN

**B. REVISED APPLICATION** (place an "X" below and complete Item 1 above)

✓ 1. FACILITY HAS INTERIM STATUS

3 SECURITY HAS A PRICE

1990-1991: *Journal of Democracy*

### III. PROCESSES – CODES AND DESIGN CAPACITIES

A. PROCESS CODE – Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (*including its design capacity*) in the space provided on the form (Item III-C).

e. PROCESS DESIGN CAPACITY — For each code entered in column A enter the capacity of the process.

1. AMOUNT = Enter the amount

2. UNIT OF MEASURE — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

**PRO- APPROPRIATE UNITS OF**

PROCESS	CESS CODE	MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	CESS CODE	MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS		T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
	UNIT OF MEASURE	CODE		UNIT OF MEASURE	CODE
	UNIT OF MEASURE	CODE		UNIT OF MEASURE	CODE
GALLONS . . . . .	G	LITERS PER DAY . . . . .	V	ACRE-FEET . . . . .	A
LITERS . . . . .	L	TONS PER HOUR . . . . .	D	HECTARE-METER . . . . .	F
CUBIC YARDS . . . . .	Y	METRIC TONS PER HOUR . . . . .	W	ACRES . . . . .	B
CUBIC METERS . . . . .	C	GALLONS PER HOUR . . . . .	E	HECTARES . . . . .	Q
GALLONS PER DAY . . . . .	U	LITERS PER HOUR . . . . .	H		

**EXAMPLE FOR COMPLETING ITEM III** (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S C L I N E N U M B R	D U P	Y/A C														
		12	14	15												
A. PRO- CESS CODE (from list above)		B. PROCESS DESIGN CAPACITY							A. PRO- CESS CODE (from list above)		B. PROCESS DESIGN CAPACITY					
		1. AMOUNT (specify)			2. UNIT OF MEA- SURE (enter code)		FOR OFFICIAL USE ONLY		LINE NUMBER		1. AMOUNT			2. UNIT OF MEA- SURE (enter code)		
														FOR OFFICIAL USE ONLY		
		16	18	19					16	18	19			16	18	19
K-1	S 0 2	600			G				5	S 0 1	20 55 GAL DR = 1100 GAL			G		
K-2	T 0 3	20			E				6	D B 3	750 GAL			G		
I-1	S 0 1	.024			D				7							
I-2	S 0 4	.5			U				8							
I-3	S 0 3	6 cub. yd. mo.			Y				9							
I-4	D 0 3	1/2 gal. per day			U				10							

Continued from the front.

### III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T01"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

Storage for Process Code #S01 consists of paint residual from water fall paint spray booth, used paint filters, paint covered paper and rags. Waste is contained in barrels or drums in back yard until disposed of by a commercial transporter.

Process Code #D 83 is a liquid chemical used in a wash process and is drained in a surface pond and is allowed to leach into the ground. Usage is less than 1/2 gallon per day. Material safety data sheet enclosed.

### IV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER -- Enter the four-digit number from 40 CFR, Subpart C for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY -- For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE -- For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS . . . . .	P	KILOGRAMS . . . . .	K
TONS . . . . .	T	METRIC TONS . . . . .	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

### D. PROCESSES

#### 1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER -- Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) -- A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

L. N. O. L. N.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEA- SURE (enter code)	D. PROCESSES			
				1. PROCESS CODES (enter)			2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3	D 8 0		
X-2	D 0 0 2	400	P	T 0 3	D 8 0		
X-3	D 0 0 1	100	P	T 0 3	D 8 0		
X-4	D 0 0 2						included with above

Continued from page 2.

NOTE: Photocopy this page before completing

you have more than 26 wastes to list.

Form Approved OMB No. 158-S-001

EPA ID. NUMBER (enter from page 1)

FOR OFFICIAL USE ONLY

W. NO. LINE	A. EPA HAZARD WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEA- SURE (enter code)	D. PROCESSES								
				26	27	28	29	30	31	32	33	34
1	D 0 0 1	--50--	T	S-0-1	D-8-0							
2	D 0 0 2	1050--	P	S-0-4	D-8-3							
3	D 0 0 1	50	T	S 0 X 1								
4	D 0 0 2	1050	P	D 8 3								
5												
6												
7												
8												
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25												
26												

Continued from the front.

IV. DESCRIPTION OF HAZARDOUS

(see  
continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

F	A	Z	D	0	8	8	3	0	1	2	1	3	VAC		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

3	3	1	7	3	0
55	56	57	58	59	71

LONGITUDE (degrees, minutes, & seconds)

1	1	0	5	7.	3	0	
72	-	73	75	76	77	-	78

VIII. FACILITY OWNER

- A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.
- B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

E.L. JONES CONSTRUCTION CO. - SEE ATTACHMENT A

2. PHONE NO. (area code & no.)

602-264-0475

3. STREET OR P.O. BOX

F 5734 N. 7TH ST.

4. CITY OR TOWN

G PHOENIX

5. ST.

6. ZIP CODE

AZ 85014

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

E.L. JONES

B. SIGNATURE

E.L. Jones

C. DATE SIGNED

1-15-1981

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

EDWARD M. NASH  
PRESIDENT

B. SIGNATURE

Edward M. Nash

C. DATE SIGNED

11/17/

AZD088 Q1213

ATTACHMENT A

FACILITY (STRUCTURE) OWNER IS AS LISTED UNDER A LAND LEASE AGREEMENT WITH GILA RIVER DEVELOPMENT CORPORATION THRU A MASTER LEASE WITH LONE BUTTE INDUSTRIAL DEVELOPMENT CORPORATION (ADDRESS PIMA - CHANDLER INDUSTRIAL PARK - INTERSTATE 10 AND 56TH ST. - CHANDLER ARIZONA 85334. TELEPHONE 602 961-1033) A CORPORATION OF THE GILA RIVER INDIAN COMMUNITY.